

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2016</div> </div>	

Full Name of Payee Human Rights Campaign [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 800.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D636803
Purpose of Expenditure Online advocacy - staff time	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2016	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Human Rights Campaign [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 600.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D636777
Purpose of Expenditure Online advocacy - staff time	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016	
Name of Federal Candidate Clinton, Hillary, Rodham, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 28 / 2016

Signature